

Monthly Expenditure Report



Reporting Month: October 2023

Budget Fiscal Year: 2023-2024

NC Name: Coastal San Pedro
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$38939.11	\$2643.17	\$36295.94	\$500.00	\$4000.00	\$31795.94

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31000.00	\$143.17	\$27795.94	\$0.00	\$27295.94
Outreach		\$0.00		\$500.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$11000.00	\$2500.00	\$8500.00	\$0.00	\$8500.00
Funding Requests Under Review: \$4000.00		Encumbrances: \$0.00		Previous Expenditures: \$3060.89	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	DNH GODADDY.COM	10/23/2023	Approval of Monthly Expenses, including approval of Treasurer's payment of all recurring Neighborhood Council expenses including (but not limited to) Bridgegap Temporary Staffing and Services Agency in the amount not to exceed \$1,000 per month, le Mailroom in the amount not to exceed \$1,000 per month, office supplies in the amount not to exceed \$1,000 per month, an amount not to exceed \$300 for refreshments for the monthly Board meeting, and an amount not to exceed \$200 for cleaning fees after t	General Operations Expenditure	Office	\$23.17
2	Angels Gate Cultural Center	09/05/2023	The Coastal San Pedro Neighborhood Council shall allocate a sum \$2,500 as a Neighborhood Purpose Grant to support the Many Winters Gathering of Elders.	Neighborhood Purpose Grants		\$2500.00
3	Angels Gate Cultural Center	09/18/2023	Approval of Monthly Expenses, including approval of Treasurer's payment of all recurring Neighborhood Council expenses including (but not limited to) Lloyd Staffing, Bridgegap ...	General Operations Expenditure	Office	\$120.00

	Subtotal:	\$2643.17
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Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	San Pedro Chamber of Commerce	11/27/2023	Resolved, the Coastal San Pedro Neighborhood Council allocates and authorizes the expenditure of \$500 to be paid to the San Pedro Chamber of Commerce for the purpose of sponsoring the 202...	General Operations Expenditure	Outreach	\$500.00
Subtotal: Outstanding						\$500.00

Receipt

CONTACT US 24/7 1-480-505-8877

№ 2773585688

DATE:

10/23/2023

CUSTOMER #:

68863798

BILL TO:

Kristina Smith

N Spring St 200,

,

Los Angeles, California 90012,

United States

Coastal San Pedro Neighborhood Council

+1.3109188650

PAYMENT:

MasterCard •••• 7559

\$23.17

Previous Balance

\$23.17

Received Payment

(\$23.17)

Balance Due (USD)

\$0.00

Term	Product	Amount
1 yr	.ORG Domain Renewal CSPNC.org ¹	\$22.99
	Subtotal	\$22.99
	Taxes	\$0.00
	Fees	\$0.18

Total (USD)

\$23.17

REFERENCE

about:blank

Taxes	\$0.00
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GoDaddy.com, LLC 2155 E GoDaddy Way, Tempe, Arizona 85284, United States	\$0.00
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Fees	\$0.18
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1. ICANN	\$0.18
CSPNC.org	\$0.18

[Universal Terms of Service](#)

Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Coastal San Pedro Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) Angels Gate Cultural Center 95-3688214 CA 8/22/1985
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*

1b) 3601 S Gaffey St San Pedro CA 90731
Organization Mailing Address *City* *State* *Zip Code*

1c) _____
Business Address (if different) *City* *State* *Zip Code*

1d) **PRIMARY CONTACT INFORMATION:**

Stephanie Mushrush 310-519-0936 gatheringofelders92@gmail.com
Name *Phone* *Email*

2) **Type of Organization - Please select one:**

- Public School (not to include private schools) *Attach Signed letter on School Letterhead* or 501(c)(3) Non-Profit (other than religious institutions) *Attach IRS Determination Letter*

3) Many Winters Gathering of Elders San Pedro CA 90731
Name / Address of Affiliated Organization (if applicable) *City* *State* *Zip Code*

SECTION II - PROJECT DESCRIPTION

4) **Please describe the purpose and intent of the grant.**

The Many Winters Gathering of Elders is a four-day event where Native/Indigenous elders from all over the country share teachings through oral tradition, song and ceremony. There are also film screenings, workshops and three meals a day are provided free of charge. The event is free, family-friendly, open to the public and draws over a thousand people, including school groups from across LA County. The event is an important way for the Native/Indigenous community to celebrate 530+ years of spiritual survival and heal from historical trauma. It also allows the general public to learn the traditional knowledge that has sustained Native lifeways. The first Gathering was held in 1992; this year is the 17th edition. Like many other community resources, the Gathering was hit hard by the pandemic. It's taking an extra push to rebuild this long-standing part of San Pedro's cultural landscape. This grant would cover just over a quarter of our food budget, fully funding 3 nutritious meals.

5) **How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)**

This grant would cover just over a quarter of our food budget, covering three nutritious meals (at \$800 each) feeding around 400 people.

SECTION III - PROJECT BUDGET OUTLINE

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
None	\$	\$
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Food budget (3 free meals a day provided to public for 4 days)	\$2,500	\$9,600
	\$	\$
SEE ATTACHED FOR FULL BUDGET OUTLINE	\$	\$

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?
 No Yes If Yes, please list names of NCs: Central San Pedro Neighborhood Council, Northwest San Pedro Neighborhood Council

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs) No Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$2,500

10a) Start date: 10 / 12 / 23 10b) Date Funds Required: 10 / 1 / 23 10c) Expected Completion Date: 10 / 15 / 23
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

SECTION IV - POTENTIAL CONFLICTS OF INTEREST

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?
 No Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?
 Yes No *(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

SECTION V - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED*

Amy Eriksen Executive Director  8/1/23
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*

Susan Davis Secretary  8/1/23
 PRINT Name Title Signature Date

* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or clerk.ncfunding@lacity.org for instructions on completing this form

MANY WINTERS GATHERING

FOOD BUDGET

Bread/Rolls	\$ 400
Lunch Meat	\$ 600
Rice/Beans/Pasta	\$ 350
Beef/Chicken/Pork	\$ 1,000
Condiments	\$ 150
Total budget	\$ 2,500

Date

in reply refer to

Date: AUG. 22, 1985

▷ ANGELS GATE CULTURAL CENTER INC
3701 SOUTH GAFFEY ST BLDG 847
SAN PEDRO, CA 907310000

OMB Clearance Number:
1545-0056
Employer Identification Number:
95-3688214
Contact Person:
JULES, NORMA JEAN
Contact Telephone Number:
213-894-4170

Our Letter Dated:
July 26, 1982

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

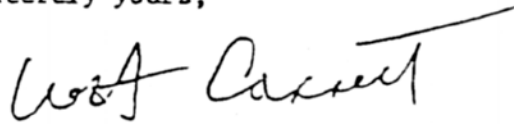
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

INTERNAL REVENUE SERVICE
EP/EO Division Rm 5127
Post Office Box 2350
Los Angeles, Ca 90053

Angels Gate Cultural Center
3601 S. Gaffey St. Box 1
San Pedro, CA 90731 US
310.519.0936
Terry@angelsgateart.org
www.angelsgateart.org

Invoice



BILL TO

Coastal Neighborhood Council
Coastal San Pedro Neighborhood
Council

SHIP TO

Coastal Neighborhood Council
Coastal San Pedro Neighborhood
Council

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
IN-236882	09/12/2023	\$120.00	10/01/2023	Due on receipt	

DATE	DESCRIPTION	AMOUNT
	Rental of G Classroom, 9/18/23, 6-9pm	120.00

SUBTOTAL	120.00
TAX	0.00
TOTAL	120.00
BALANCE DUE	\$120.00

